

TANGIBLE SPECIAL AWARD WORKSHEET

Calculate or estimate the first year's savings and costs associated with implementing the Suggestion. Deduct implementation costs over the same period or in the case of capital equipment, deduct one year's costs amortized over the useful life of the equipment.

1. PREVIOUS METHOD								2. SUGGESTED METHOD							
<u>LABOR</u>				<u>LABOR</u>				<u>LABOR</u>				<u>LABOR</u>			
Class		AV Hrly Rate x No. of Hrs*=Cost Plus Fringe		Class		AV Hrly Rate x No. of Hrs*=Cost Plus Fringe		Class		AV Hrly Rate x No. of Hrs*=Cost Plus Fringe		Class		AV Hrly Rate x No. of Hrs*=Cost Plus Fringe	
				Annually						Annually					
		Total								Total					
<u>EQUIPMENT</u>				<u>EQUIPMENT</u>				<u>EQUIPMENT</u>				<u>EQUIPMENT</u>			
Type		Item cost x No. Of items = Cost		Type		Item Cost x No. Of Items = Cost		Type		Item Cost x No. Of Items = Cost		Type		Item Cost x No. Of Items = Cost	
		Total								Total					
<u>MATERIALS</u>				<u>MATERIALS</u>				<u>MATERIALS</u>				<u>MATERIALS</u>			
Type		Unit Price x No. Of Units = Costs		Type		Unit Price x No. Of Units = Cost		Type		Unit Price x No. Of Units = Cost		Type		Unit Price x No. Of Units = Cost	
				Annually						Annually					
		Total								Total					
<u>IMPLEMENTATION COSTS</u>								<u>IMPLEMENTATION COSTS</u>							
Type		Cost Useful Life = First Year (No. Years) Cost		Type		Cost Useful Life = First Year (No. Years) Cost		Type		Cost Useful Life = First Year (No. Years) Cost		Type		Cost Useful Life = First Year (No. Years) Cost	
		Total								Total					
GRAND TOTAL								GRAND TOTAL							
PREVIOUS COST				LESS ESTIMATED NEW COST				3. FIRST YEAR NET SAVINGS				Annually			
Annually				Annually											

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- Specify unit of time, i.e. week, month, year.

4. Estimate cannot be provided at this time without a field trial to determine acceptability.

Field Test Start Date: _____ Estimated Field Trial End Date: _____

Employee Suggestion Program – Job Responsibility Form

TO: <input type="checkbox"/>		FROM:		<input type="checkbox"/>
SUGGESTER'S NAME:		<input type="checkbox"/>		
SUGGESTION NO.	POSITION TITLE:	DATE SUGGESTION SUBMITTED:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In answering questions below, the following criteria will be applied: A. Suggestions relating to the suggester(s) work environment are needed and encouraged. The best suggestions are Usually associated with the suggester's own work. Therefore, every idea generated cannot be presumed to be within the individual's job responsibility. B. Duty related issues should not be confused with job responsibility. C. (1) duty Related: Associated with work environment, but not required in the usual and customary duties or daily performance expectations of the position. (2) Job Responsibility. Considered within expected job performance requirements. It is a duty assigned by competent authority. Job responsibility suggestions are those which usually could have been presented orally and implemented by the authority of the first or second level that must be approved and implemented at either a Division Director or higher level is <u>not</u> job responsibility. <input type="checkbox"/>				
EVALUATION				
1. DOES THE SUGGESTER HAVE THE AUTHORITY TO DEVIATE OR TO CHANGE CURRENT PROCEDURES? <input type="checkbox"/>			YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. NAME OF ACTIVITY (Management Level, Division, Unit) HAVING <i>AUTHORITY</i> TO APPROVE AND IMPLEMENT THE CHANGE:				
3. IS THIS ACTIVITY ORGANIZATIONALLY AT TWO OR MORE LEVELS ABOVE THE SUGGESTER? <input type="checkbox"/>			YES <input type="checkbox"/>	NO
4. IS THE SUGGESTER BEING PAID TO RESOLVE PROBLEMS OF THIS NATURE AS PART OF NORMAL DUTY ASSIGNMENTS? IF YES, WHAT WOULD BE THE SUGGESTER'S RESPONSIBILITY FOR EFFECTING OR RECOMMENDING THE CHANGE TO BE MADE?			<input type="checkbox"/>	<input type="checkbox"/>
5. IF THE SUGGESTION HAD NOT BEEN MADE WOULD THE SUGGESTER'S WORK PERFORMANCE BE JUDGED LESS THAN SATISFACTORY? <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
6. IS THE SUGGESTER EXPECTED TO FOLLOW SPECIFIC INSTRUCTIONS? IF NO, WHAT LATITUDE IS GIVEN TO THE SUGGESTER REGARDING THE SUBJECT MATTER?			<input type="checkbox"/>	<input type="checkbox"/>
7. ARE WE REWARDING A PERSON FOR CAUSING AN IMPROVEMENT WHICH OTHERWISE MIGHT NOT HAVE BEEN ACCOMPLISHED? <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
DECISION				
8. BASED UPON THE ABOVE, I BELIEVE THE SUGGESTION TO BE:			YES <input type="checkbox"/>	NO
a. OUTSIDE THE CUSTOMARY DUTIES AND RESPONSIBILITIES OF THE SUGGESTER. THE SUGGESTER IS NOT EXPECTED TO RECOMMEND OR EFFECT THIS IMPROVEMENT			<input type="checkbox"/>	<input type="checkbox"/>
b. WITHIN THE CUSTOMARY DUTIES AND RESPONSIBILITIES OF THE SUGGESTER.			<input type="checkbox"/>	<input type="checkbox"/>
III. REMARKS (Optional)				
<input type="checkbox"/>				
TYPED NAME AND TITLE (<i>Immediate Supervisor</i>)		SIGNATURE:	DATE:	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
TYPED NAME AND TITLE (<i>Second Level Supervisor</i>)		SIGNATURE:	DATE:	
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYEE SUGGESTION PROGRAM INTANGIBLE SPECIAL AWARD WORKSHEET

Suggestion # _____

Suggestion Title: _____

Suggester(s): _____

		Point Value	Rating
Applicability:	Local operation (unit)	(1)	_____
	Division	(2)	_____
	Entire Department	(3)	_____
	Several Departments	(4)	_____
	Countywide or major public impact	(5)	_____
Importance of Change or Improvement	Minor	(1)	_____
	Appreciable	(2)	_____
	Considerable	(3)	_____
Ingenuity and Originality	Not Innovative	(0)	_____
	Limited	(1)	_____
	Moderate	(2)	_____
	Extensive	(3)	_____

ADDITIONAL BONUS POINTS

Documented Accident (Loss) Prior to Suggestion		(1)	_____
New Invention		(2)	_____
Safety Enhancement	Employee	(1)	_____
	Citizens	(2)	_____

This suggestion may involve some unique qualities or attributes that are not adequately reflected on this form. Please describe any such details for consideration by the Special Award Committee.

Evaluator: _____

Contact# _____